IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

oplicant:

Ray L. Pickup

Title:

INK ASSIST AIR KNIFE

Appl. No.:

10/086,946

Filing

02/28/2020

Date:

Examiner:

Liang, Leonard S.

Art Unit:

2853

CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.

Carolyn Rainis

(Printed Marpe)

(Signature)

5/9/2005
(Date of Deposit)

AMENDMENT AND REPLY UNDER 37 CFR 1.116

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

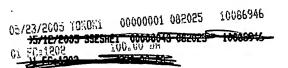
Sir:

This Reply is in response to the Office Action mailed on February 8, 2005. Please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks/Arguments begin on page 13 of this document.

Please amend the application as follows:



18.1 acte; /3/13/2005 TOKOM 1905 SSEATE C0000046 082025 100069 1802 250 50 50

PATENT APPLICATION FEE DETERMINATION RECORD 10/086 946 Effective December 8, 2004 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE __ OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR BASIC FEE NUMBER FILED NUMBER EXTRA 150.00 BASIC FEE 300.00 OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 25= X\$50= OR INDEPENDENT CLAIMS minus 3 = X100= X200= OR MULTIPLE DEPENDENT CLAIM PRESENT +180= +360= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) OR (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL AFTER **PREVIOUSLY** RATE ENDMENT **EXTRA** AMENDMEN PAID FOR FEE FEE Total Minus X\$ 25= X\$50= ***** OR Independent Minus AM X100 =X200= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360= OR TOTAL TOTAL 100 OR ADDIT FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 ADDI-ADDI-REMAINING NUMBER PRESENT **AFTER** PREVIOUSLY RATE TIONAL EXTRA RATE TIONAL **AMENDMENT** PAID FOR FEE FEE AMENDM Total Minus X\$ 25≈ X\$50= OR Independent Minus X100 =X200= OR-FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST O ADDI-REMAINING ADDI-NUMBER PRESENT ENDMENT **AFTER PREVIOUSLY** TIONAL RATE EXTRA RATE TIONAL AMENDMENT PAID FOR-FEE FEE Total Minus X\$ 25= X\$50=OR Independent Minus X100 =X200= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +180= +360= OR